

APR 14 2006

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FACSIMILE COVER PAGE

DATE: April 14, 2006

TO: United States Patent and Trademark Office
Centralized Facsimile Number

FAX NO. 571-273-8300

FROM: Joshua S. Broitman

RE: Ser. No. 10/709,348 – Group 3661 – Ex. Yonel Beaulieu
Our Ref.: B-03-0963

NUMBER OF PAGES (INCL. THIS SHEET): 14. IF YOU DID NOT
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Please acknowledge receipt of the following:

- (1) Transmittal Letter with Certificate of Facsimile Transmission dated April 14, 2006 – 2 pages.
- (2) Response to Non-Final Office Action mailed February 24, 2006, including Certificate of Facsimile transmission dated April 14, 2006 – 11 pages

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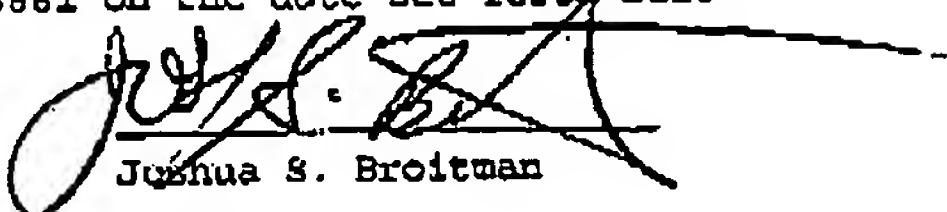
Docket No. B-03-0963

CERTIFICATE OF FACSIMILE TRANSMISSION

The undersigned hereby certifies that this correspondence is being transmitted by facsimile to the Centralized Facsimile Number (571-273-8300), Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, ATTN: Group 3661 on the date set forth below.

April 14, 2006

Date


 Joshua S. Broitman

Applicant(s) : David D. Needelman Group : 3661
 Serial No. : 10/709,348 Examiner : Yonel Beaulieu
 Filed : April 29, 2004
 For : MULTIPLE STAYOUT ZONES FOR GROUND-BASED
 BRIGHT OBJECT EXCLUSION

Mail Stop AMENDMENT
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, Virginia 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the above-identified application is a _____ Preliminary Amendment; X Response to Non-Final Office Action; X Amendment; _____ Other ().

FEE FOR ADDITIONAL CLAIMS

X A fee for additional claims is not required.

_____ A fee for additional claims is required. The additional fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER OF EXTRA CLAIMS	LARGE ENTITY RATE	ADDITIONAL FEE
TOTAL CLAIMS:	40	40 *	= 0	x \$50	= \$ 0
INDEPENDENT CLAIMS:	3	3 **	= 0	x \$200	= 0
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				+ \$115	= 0
If less than 20, insert 20. If less than 3, insert 3.				TOTAL FEE DUE	= \$ 0

_____ Our check for payment of the additional claims fee is enclosed.
 _____ Please charge \$ _____ to Deposit Account No. 50-3195 in payment of the

Page 1

fee. Triplicate copies of this transmittal letter are enclosed.

CONDITIONAL PETITION FOR EXTENSION OF TIME:

X It is hereby requested that the following extension of time and fee be applied for this Response pursuant to 37 C.F.R. 1.136(a):

Large Entity: _____ \$120 fee for response within first month;
_____ \$450 fee within second month; _____ \$1,020 fee within third month.

_____ Our check for payment of the extension fee is enclosed.
_____ Please charge the above-indicated extension fee to Deposit Account No. 50-3195.

X The Commissioner is authorized to charge payment of any additional extension or other fee under 37 CFR 1.16 or 1.17 which may be required by this paper or credit any overpayment of same to Deposit Account No. 50-3195.

CHANGE OF CORRESPONDENCE ADDRESS

Please change the correspondence address to Customer No. 44702. A Power of Attorney was previously submitted.

Respectfully submitted,

OSTRAGER CHONG FLAHERTY & BROITMAN P.C.
Customer No. 44702
Attorneys for Applicants

Dated: April 14, 2006

By: _____

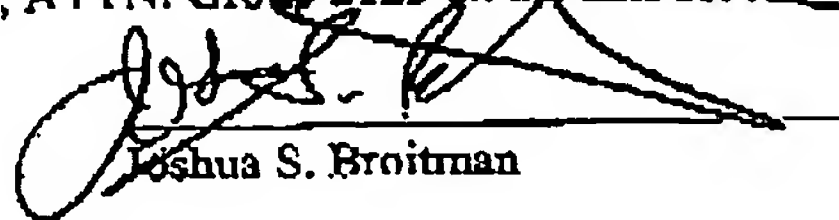
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April 14, 2006
Date


Joshua S. Broitman

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : David D. Needelman et al.

Serial No. : 10/709,348 Group Art Unit: 3661

Filed : April 29, 2004 Examiner: Yonel Beaulieu

**For: MULTIPLE STAYOUT ZONES FOR GROUND-BASED
BRIGHT OBJECT EXCLUSION**

Mail Stop Amendment
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated February 24, 2006, please enter the claim amendments set forth in the listing of claims that begins on page 2 of this paper and the remarks that begin on page 9 of this paper.